U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/711,501 Application Number FEE TRANSMITTAL Filing Date September 22, 2004 For FY 2008 First Named Inventor Mukta G. Faroog et al. **Examiner Name** Michael Aboagye Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1793 TOTAL AMOUNT OF PAYMENT FIS920040002US1 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: <u>09-0458</u> ___ Deposit Account Name: IBM Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) <u>Fee (\$)</u> Fee (\$) Fee (\$) Utility 310 155 510 210 105 255 Design 210 105 100 130 50 65 210 Plant 105 310 155 160 80 310 Reissue 155 510 255 620 310 Provisional 210 105 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims Extra Claims** Fee (\$) **Multiple Dependent Claims** 19/20pd - 20 or HP = 50.00 0 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) 3/3pd - 3 or HP = ____ 0 ___ x 210.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Extra Sheets / 50 = (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):

SUBMITTED BY			
Signature	/Kelly M. Nowak/	Registration No. (Attorney/Agent) 47,898	Telephone 205-787-0595
Name (Print/Type)	Kelly M. Nowak		Date June 10, 2008

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